



**Brentwood Recreation Department**  
1 Dalton Rd. Brentwood, NH 03833 642-6400 ext. 20  
[recreation@brentwoodnh.gov](mailto:recreation@brentwoodnh.gov)

For Office Use Only
Paid _____
Cash __ Check _____
Date _____

*Registration Form*  
**2010-2011 Youth Basketball**

Please circle one: **Kindergarten** 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

**Childs Name** (Print) \_\_\_\_\_ **Age** \_\_\_\_\_ **DOB** \_\_\_\_\_ **M / F**

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Parents Name** (Print) \_\_\_\_\_ **Alternative Phone** \_\_\_\_\_

**Email Address** (please print clearly) \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Emergency Phone Number(s)** \_\_\_\_\_

**Doctor** \_\_\_\_\_ **Doctor's Phone** \_\_\_\_\_

**Medical Conditions and Medications** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

I, \_\_\_\_\_, individually as a parent or guardian of \_\_\_\_\_ do hereby give my consent to his/her participation in activities of Brentwood Youth Sports and further release the Brentwood Recreation Department, Brentwood Recreation Commission, the Town of Brentwood and their agents from all claims, demands of chance on account of any and all injuries to persons or property that may result by virtue of said minor's participation in said activities.

To person herein described has permission to engage in all prescribed activities except as noted by me or my physician and so enclosed. I authorize an adult to consent to, in my absence, an X-Ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the person herein, at a recognized medical facility under the general or special supervision of a licensed physician or surgeon.

I agree that in case of accident, emergency medical care may be given by ambulance rescue squad, coaches or other trained personnel. Whoever is transporting my child to and from games will not be held responsible for any injury sustained while in transit.

**Parent/ Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Volunteers Needed!**

**Coach** \_\_\_\_\_ (certified? Yes / No)

**Asst. Coach** \_\_\_\_\_

**Player Shirt Size** (please circle) Youth S M L Adult S M L

**Sign-Up Fee:** K-2<sup>nd</sup> -- \$25 3<sup>rd</sup>/4<sup>th</sup> Boys & Girls -- \$40  
5<sup>th</sup>/6<sup>th</sup> Boys & Girls -- \$45 7<sup>th</sup>/8<sup>th</sup> Boys -- \$45  
Checks payable to: BRC Max per family: \$90

**Deadline for sign-up is October 26th.** Late registrations are subject to team availability and late fee.